

STATE OF HAWAII  
Department of Land and Natural Resources  
HUNTER EDUCATION PROGRAM



**Request for Replacement**

I would like to request a replacement(s) of the following item(s) at the following cost:

_____ Wallet Card/Certificate	\$5.00	_____ Advanced HE Card	-\$5.00
_____ Exemption Form	\$5.00	_____ Advanced HE Patch	-\$3.00
_____ Student Patch	\$3.00	_____ Graduate Window decal	-\$1.00
_____ Student Manual	\$8.00	_____ Name Change -	\$5.00

With documentations (i.e. Marriage License/Divorce Decree)

**TYPE OR PRINT ONLY**

\*Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_ Previous Address: \_\_\_\_\_

\*City/State: \_\_\_\_\_ City/State: \_\_\_\_\_

\*Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Day Phone Number: (\_\_\_\_) \_\_\_\_\_

Location of Class: \_\_\_\_\_ Class Date: \_\_\_\_\_ Original Card No.: \_\_\_\_\_

\*REASON FOR REQUEST: \_\_\_\_\_

Amount Remitted: \$ \_\_\_\_\_

*\* Signature of Student*

*\* Date*

**SEND CASH or CHECK- Make check payable to: State of Hawai'i -Department of Land & Natural Resources**

**\*\* PLEASE MAKE A PHOTO COPY OF A VALID PICTURE ID\*\***

Send payment and this form to:  
Hunter Education Program  
Department of Land & Natural Resources  
1130 North Nimitz Highway, Suite A-212  
Honolulu, HI 96817-4580

**OFFICE USE ONLY:**

Card No: \_\_\_\_\_

Exemption No: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Payment Received: Cash/Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Processor's Initials \_\_\_\_\_

APPROVED  / DISAPPROVED

COMMENTS:

\_\_\_\_\_  
Hunter Education Coordinator

\_\_\_\_\_  
Date

